

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

CERTIFIED MAIL



7000 0520 0023 2105 6221  
7000 0520 0023 2105 6221

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Stimson Lane Ltd.

Street, Apt. No.; or PO Box No.

City, State, ZIP+ 4

PS Form 3800, February 2000

See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

WR-88

SWP 14583

ER ch Arch

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Stimson Lane Ltd  
PO Box 1976  
Woodinville WA 98072

4a. Article Number

2105-6221

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

5/21/01

5. Received By: (Print Name)

JIM LAIRD

6. Signature: (Addressee or Agent)

X *Jim Laird*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.





STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

May 17, 2001

CERTIFIED MAIL

Stimson Lane Ltd  
PO Box 1976  
Woodinville WA 98072

**RE: Emergency Drought Change Authorization (Surface Water Permit No. 14583)**

Enclosed please find a copy of the Department of Ecology's Emergency Drought Change Authorization(s). This report constitutes our determination and order regarding the above-referenced application for change. If you have any questions or concerns about any of this information, please call Carol Mortensen of the Department of Ecology at (509) 575-2597.

This Order may be appealed pursuant to RCW Chapter 43.21B. The person to whom this Order is issued must file an appeal with the Pollution Control Hearings Board within thirty (30) days of receipt of this Order. Send the appeal to: Pollution Control Hearings Board, P.O. Box 40903, Olympia, Washington 98504-0903. At the same time, a copy of the appeal must be sent to: Department of Ecology, Fiscal Office, P.O. Box 47615, Olympia, Washington 98504-7615. All others receiving notice of this Order must file an appeal with the Pollution Control Hearings Board within thirty (30) days of the date the Order was mailed in the same manner described above.

Sincerely,

Robert F. Barwin, Section Manager  
Water Resources Program

RFB:gg  
010550a

Enclosures: Emergency Drought Change Authorization(s)

f-1ch.doc





STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

May 17, 2001

To: Carroll Palmer, Yakama Nation

RE: Emergency Drought Change Authorization (Surface Water Permit No. 14583)

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Sincerely,

Robert F. Barwin, Section Manager  
Water Resources Program

RFB:gg  
010550b

Enclosures: Emergency Drought Change Authorization(s)

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